

**LOS ANGELES COUNTY
COMMISSION ON HIV HEALTH SERVICES**

**HIV/AIDS MEDICAL SOCIAL WORK
STANDARDS OF CARE**

Approved:

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HIV/AIDS Medical Social Work Standards and Guidelines

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1. EXECUTIVE SUMMARY

The following standards and guidelines are addressed to professional HIV medical social workers whose practice includes patients with HIV disease. The standards and guidelines are an adaptation of the National Association of Social Workers (NASW) standards for clinical social workers but have been revised to specifically address professional issues relevant to the care of patient with HIV/AIDS. These standards have been formulated with the full recognition that there is no universally accepted definition of HIV medical social work or model of care. However, the purpose of this document is to clarify the nature of HIV medical social work practice and to define the role of the HIV medical social worker.

II. PURPOSE

HIV medical social work standards are guidelines used by HIV medical social workers to define the responsibilities for which its practitioners are accountable. These standards provide direction for professional HIV medical social work practice and a framework for the evaluation of practice. Standards also define the HIV medical social worker’s accountability to the public and the patient outcomes for which HIV medical social workers are responsible.

The following standards are an adaptation from the ‘NASW Social Work Case Management Standards.’ Please see the NASW standards for a complete listing of social work standards.

III. DEFINITION OF HIV MEDICAL SOCIAL WORK

HIV medical social work services are provided to patients, families, and their significant others to meet their psychosocial needs as they affect their medical condition, treatment, recovery, and safe transition from one care environment to another.

IV. SKILLS

The HIV medical social worker should possess the following skills:

- Knowledge of HIV/AIDS and related issues.
- Ability to support patient adherence with medical treatment plans.
- Effective written and verbal communication.
- Ability to work well under pressure.
- Effective organizational ability.
- Ability to effect change.
- Ability to work with a positive interdisciplinary team approach

- Ability to respond to crisis situations.
- Interview and assessment skills
- Ability to manage transference and countertransference.
- Ability to interact with other professionals.
- Ability to work independently.
- Ability to identify and resolve problems.

* Sensitivity towards and knowledge of relevant social diversity issues which may impact treatment. Issues include culture, race, ethnicity, gender, religion, sexual orientation, political beliefs, and physical challenges.

V. POPULATION SERVED

Any patient, family member, or significant other affiliated with an HIV medical provider including but not limited to inpatient, acute, and outpatient care settings.

VI. MAJOR FUNCTIONS AND SERVICES PROVIDED

A. Psychosocial Assessment

1. INITIAL ASSESSMENT:

Collect data which includes assessment of patient's strengths as well as weaknesses through a systematic evaluation of the patient's current level of functioning. To understand the patient as a whole person, the HIV medical social worker must assess the interplay among physical, environmental, behavioral, psychological, economic, and social factors. Areas commonly evaluated by the medical social worker include but are not limited to mental health status, preexisting health or mental health problems, an appraisal of the patient's needs, and the resources of the patient's informal support system, including family members, friends, and organizational memberships, social role functioning, environmental issues, including economic situation, employment status, and other basic needs, relevant cultural and religious factors. The HIV medical social worker formulates an intervention plan based on the findings of this assessment.

2. IDENTIFY AND PRIORITIZE HIGH RISK PATIENTS:

Identify patients who need immediate assistance, prioritize, and provide services accordingly. This may include providing supportive counseling, referral to community agencies, psychiatric referrals to medical setting or community agencies, crisis intervention, and mandated reporting.

B. Patient Contact, Treatment Planning, and Follow-Up

I. PSYCHOSOCIAL COUNSELING:

Provide counseling which may include long/short term psychotherapy, supportive counseling, couples, family, or group therapy in order to enhance

coping skills, support adherence to medical treatment plan, decrease maladaptive functioning, and improve emotional well-being.

2. CRISIS INTERVENTION ACTIVITIES:

Interview patient in the event that the patient is experiencing a situational or environmental crisis due to HIV disease, e.g., the loss of permanent housing, Change in medical diagnosis, recent bereavement, etc. This may include providing supportive counseling, referral to community agencies, psychiatric referrals, and mandated reporting.

3. FAMILY/SIGNIFICANT OTHER SUPPORT:

Interview significant other/family member(s), with patient consent to discuss the patient and family related issues and provide appropriate HIV related services and referrals.

4. DISCHARGE PLANNING:

Assist patient with post treatment services, including but not limited to home care, community referrals, outpatient medical services, and shelter (hospice, nursing home, residential AIDS facility, mission, substance abuse detox/treatment, independent living, etc.).

5. FOLLOW-UP PLANNING AND CONTINUITY OF CARE:

Assist patient in continuation of services when necessary. HIV medical social workers should make reasonable effort to ensure continuity of services in the event that services are interrupted by personal or environmental factors

6. MANDATED REPORTING:

Report any known or suspected abuse including child abuse or neglect, elder and dependent abuse or neglect, domestic violence, danger to self or others, and duty to warn (Tarasoff), as mandated by law A(Please see “Section VIII A. Key Terms and Definitions” for California Penal Codes).

7. FOLLOW-UP:

Evaluate patient’s psychological status on an ongoing basis and follow-up on treatment plan goals and interventions as appropriate.

C. Information, Referrals and Accessing Services

1. PATIENT ADVOCACY AND LINKAGE:

On behalf of the patient, family, or significant other, intervene to help obtain services or assistance in communicating with providers and agencies. Linkages includes contacting a referral source for a patient to ensure service provision.

2. REFERRALS

Contact patient, family, or significant other with in-person, written, or telephone referrals to appropriate resources.

3. EDUCATION:

Provide basic information and education. Topics may include but are not limited to the following: HIV/AIDS prevention, transmission, public benefits, eligibility requirements, access to benefits, and how to work with an interdisciplinary treatment team.

4. PRIVATE/PUBLIC BENEFITS COUNSELING:

Advise on the availability of private and/or public benefits, eligibility requirements, and access to benefits.

5. TRANSPORTATION:

Arrange or refer patient for transportation services related to HIV health care.

D. Consultation and Interdisciplinary Collaboration

1. CASE CONSULTATION:

HIV medical social workers will seek the advice and counsel of colleagues in order to maintain clinical objectivity and optimal patient care.

2. LIAISON:

Emphasize the psychosocial perspective on behalf of the patient in all aspects of medical care.

3. INTERDISCIPLINARY CONSULTATION:

HIV medical treatment team members should participate and contribute to treatment planning which affects the well-being of patients by drawing on different perspectives, values, training, and experiences of different professions.

E. Other Activities

1. DOCUMENTATION:

Documenting, compiling, or writing accurate reports which are specific to individual patients and meet agency documentation guidelines.

2. MEETINGS/SUPERVISION

Staff attendance at meetings related to agency or medical social work business and participation in clinical and non-clinical supervision sessions.

3. TRAININGS:

Maintain continuing education requirements as mandated by agency guidelines and the Board of Behavioral Sciences.

4. COMMUNITY NETWORKING AND COLLABORATION:

Attend Community meetings and collaborate with other care providers in order to pursue a higher quality of care for people living with HIV.

5. EDUCATION AND TRAINING FOR COMMUNITY:

HIV medical social workers should contribute time and professional expertise to activities that promote greater community awareness of HIV and psychosocial issues affecting people living with HIV.

6. RESEARCH:

HIV medical social workers are encouraged to participate in study and research that is guided by the conventions of scholarly inquiry and intended to further their knowledge and understanding of individuals, families, groups, and preventative interventions, relevant to medical social work.

VII. STANDARDS

A. Professional Qualifications

The HIV medical social worker must have a Masters Degree in Social Work (MSW) from a social work program accredited by the Council on Social Work Education. A majority of health facilities require social workers to have a license of clinical social work (LCSW).

In the state of California (CA), any person with an MSW wishing to be credited with experience toward the LCSW must first register with the Board of Behavioral Science (BBS) as an associate clinical social worker (Section 4996, 18, Business and Profession Code). For licensure, two years (24 months) of supervised post-master's employment consisting of at least 3,200 hours of experience is required. A minimum of 2,200 hours of experience must be gained under the supervision of a licensed clinical social worker. A maximum of 1,000 hours of the required experience may be gained under the supervision of a licensed mental health professional acceptable to the BBS. A licensed mental health professional acceptable to the BBSE is one, who, at the time of supervision, has possessed for at least two years a valid license as a psychologist,

marriage, family and child counselor, or physician certified in psychiatry by the American Board of Psychiatry and Neurology. For persons applying for licensure after January 1, 1992, all hours of supervised experience must be gained in not less than two nor more than six years and must have been gained within the six years immediately preceding the date on which the application for licensure is received by the BBS. (Section 4996, 20, Business and Professions Code).

No hours of supervised experience may be gained under the supervision of a spouse or relative by blood or marriage, or under the supervision of an individual with whom the applicant has a personal relationship which undermines the authority or the effectiveness of the supervision. (Section 4996, 18 Business and Professions Code).

All HIV medical social workers, whether they have an LCSW or are registered as an associate clinical social worker, must receive professional supervision from an LCSW or a mental health professional, as specified above. Professional supervision or consultation should be available to all HIV medical social workers, either within the agency or through contractual arrangement.

B. Professional Skills and Competence

The HIV medical social worker shall use his/her professional skills and competence to serve the patient, family, and significant others whose interests are of primary concern.

The HIV medical social worker's primary responsibility is to his/her agency's goals and resources, the HIV medical social worker must ensure that each patient receives appropriate assistance by providing accurate and complete information about the extent and nature of available services and by helping the patient decide which services will best meet his/her needs. Personal or professional gains should never be put before the primacy of the patient's interests and the HIV medical social worker must not exploit relationships with patients for such advantages.

The HIV medical social worker shall maintain training through ongoing professional education.

C. Self-determination and Disclosure

The HIV medical social worker shall ensure that patients are involved in all phases of practice to the greatest extent possible. The HIV medical social worker shall make every effort to foster and respect maximum patient self-determination,. The medical social worker is responsible for helping patients make informed decisions about selecting services and medical options.

Although the lack of organizational or community resources may limit a patient's options, the HIV medical social worker should inform the patient of the full range of existing choices. Full disclosure shall also include information on the lack or limited availability of relevant services and the financial implications of service selections and use.

C. Privacy and Confidentiality

The HIV medical social worker shall ensure the patient's right to privacy and appropriate confidentiality when information about the patient is released to others.

All information about a patient and the patient's family and significant others shall be held in strictest confidence. Information may be released to other professionals and agencies only with the written permission of the patient or his/her guardian. This release shall detail what information is to be disclosed, to whom, and for what purpose.

Certain limits of confidentiality are inherent in service delivery. The HIV medical social worker should verbally restate assurance of confidentiality to the patient, including disclaimers and exceptions, as in danger to self and others, child abuse, and dependent elder abuse.

F. Direct Service Delivery

The HIV medical social worker shall intervene at the patient level to provide and/or coordinate the delivery of direct services to patients and their families.

HIV medical social work services shall consist of the following components in the provision of direct services to patients and their families.

1. Outreach Coordination and monitoring of service delivery.
2. Psychosocial assessment of the patient
3. Development of an Individual Treatment Plan (ITP)
4. Implementation of the ITP
5. Referrals and advocacy on behalf of the patient including creating, obtaining, or coordinating needed resources.
6. Coordination and monitoring of service delivery
7. Reassessment of the patient's status
8. Termination of the case once services are no longer warranted

G. Systems Management

The HIV medical social worker shall intervene at the service systems level to support, expand, and improve access to needed services.

The HIV medical social worker is responsible for ensuring that the agency and environmental systems in which HIV medical social work exists, function appropriately on behalf of the patient. Social work services operate in a complex environment comprising various policies, providers, and services and financial resources. To maximize the effectiveness provision of services, the HIV medical social worker engages in tasks that support and enhance the system in which the services exist. For example, the HIV medical social worker develops resources; engages in social action; participates in legislative activity; reviews, recommends, and modifies agency policy; collects data; manages information; evaluates programs; and is involved in quality assurances.

G. Resource Management

The HIV medical social worker shall be knowledgeable about resource availability and budgetary parameters and be fiscally responsible in carrying out all HIV medical social work functions and activities.

Patient-centered practice occurs within the parameters imposed by the program and agency. As such, the HIV medical social worker maintains the patient focus and simultaneously allocates service resources and provides critical feedback regarding the program, agency, and delivery system performance. Thus, the HIV medical social worker is responsible both for delivering appropriate services to the patient and for carefully allocating and managing agency services and financial resources.

H. Quality Assurance

The HIV medical social worker shall participate in evaluative and quality assurance activities designed to monitor specific outcomes. These will ensure appropriate and effective practice and professional accountability.

As dictated by the medical facility, the quality, effectiveness, and appropriateness of HIV medical social work services shall be regularly reviewed, evaluated, and ensured using established criteria and standards.

I. Caseload Management

The HIV medical social worker shall carry a reasonable caseload so as to effectively assess, plan for, interview, and support patient, family and significant others.

Caseload size must realistically allow for meaningful opportunity for face-to-face patient contact. As a caseload increases, the HIV medical social worker has a decreasing capacity to perform ongoing social worker activities such as follow-up, monitoring, and reassessment. It is the joint responsibility of the medical facility and the worker to address and remedy issues which may have a negative impact on patient quality of care.

J. Professional Collaboration

The HIV medical social worker shall treat colleagues with courtesy and respect and strive to enhance inter and intra professional agency cooperation on behalf of the patient.

When a patient is being served by other agencies, the HIV medical social worker shall maintain collaborative contacts as necessary with the other providers to ensure the coordination of services and the patient's receipt of optimal benefits from the various services.

When the patient is receiving therapy from more than one clinician, collaborative Consultation shall be maintained as necessary to ensure the delineation of the specific areas of responsibilities. The HIV medical social worker will not share information about a client without a patient's informed consent (See Standard #4).

VIII. ETHICS

HIV medical social workers practice in accordance with the ethical principles and standards as specified in the professional Code of Ethics set forth by the National Association of Social Workers (NASW).

IX. APPENDIX

A. Key Terms and Definitions

ADVOCACY Intervening on a patient's behalf when warranted, to ensure access to resources and services.

ASSESSMENT Evaluating a patient's psychosocial situation to determine strengths, resources, and needs.

BOARD OF BEHAVIORAL SCIENCES State of California Department of Consumer Affairs regulating agency for the laws and regulations relating to the practice of Licensed Clinical Social Worker.

CASE CONFERENCE A review of service provision to a patient ensure quality of care.

CONSULTATION Collaboration with other professionals to determine the optimum method of providing service to patients.

CONTINUITY OF CARE Ensuring continual provision of care and quality of services.

CRISIS INTERVENTION Contact with a patient at a time when patient is experiencing a situational or environmental circumstances perceived by the patients to be unmanageable and overwhelming.

DOCUMENTATION The notation of any patient activities in written or computer-based form.

INDIVIDUAL TREATMENT PLAN (ITP) A plan designated by the medical social worker and patient which identifies patient needs and method(s) to address treatment goals.

INTAKE The process of registering the patient for agency services, obtaining patient demographic information, and providing patient with information about agency services.

MALADAPTIVE FUNCTIONING Inability of an individual to adjust to ones biological, psychological, social and environmental circumstances.

MANDATED REPORTING California Penal Code, Sections 11166 (children) and 15632 (adults) requires medical social workers who have knowledge of a child or adult in her/his professional capacity or within the scope of her/his employment whom s/hje suspects has been the victim of abuse, to report the known or suspected abuse immediately or as soon as practically possible and to prepare and send a written report within 36 hours to California Department of Social Services.

OUTCOME An evaluation of the effect of medical social work services in assisting the patient to meet his/her needs.

OUTREACH Any activities or efforts to identify individuals eligible for medical social work services.

PROVIDER Any person or agency that provides a service to patients.

PSYCHOSOCIAL A focus on the patient's psychological and social state of well-being.

QUALITY ASSURANCE Activities, evaluation, and measures that ensure competent, appropriate, culturally sensitive professional services.

REASSESSMENT Reevaluation of a patient's situation to determine changes in his/her current strengths resources, and needs.

REFERRAL Provide patient with necessary resource(s) to address psychosocial needs.

SELF-DETERMINATION A belief in the right of individuals to make their own decisions and choose their own course of action (except when patients pose a serious threat to self or others).

TERMINATION OF SERVICES Closing a patient's case when services are no longer warranted, and/or when the patient chooses to discontinue services.

REFERENCES

1996, National Association of Social Workers, 750 First Street, NE, Washington, DC 20002-4241

Business and Professions Code, Division 2, Chapter 13. Board of Behavioral Science Examiners, 400 R. Street, STE 3150, Sacramento, CA 95814-6240 (916) 445.4933

B. NASW Code of Ethics – Summary of Principles

I. THE SOCIAL WORKER'S CONDUCT AND COMPORMENT AS A SOCIAL WORKER:

- a. Propriety. The social worker should maintain high standards of personal conduct in the capacity or identity as social worker.
- b. Competence and Professional Development. The social worker should strive to become and remain proficient in professional practice and the performance of professional functions.
- c. Service. The social worker should regard as primary the service obligation of the social work profession.
- d. Integrity. The social worker should act in accordance with the highest Standards of professional integrity.
- e. Scholarship and Research. The social worker engaged in study and research should be guided by the conventions of scholarly inquiry.

2. THE SOCIAL WORKER'S ETHICAL RESPONSIBILITY TO CLIENTS:

- f. Primacy of Client's Interests. The social worker's primary responsibility is to clients.
- g. Rights and Prerogatives of Clients. The social worker should make every effort to foster maximum self-determination on the part of clients.
- h. Confidentiality and Privacy. The social worker should respect the privacy of clients and held in confidence all information obtained in the course of professional service.
- i. Fees. When setting fees, the social worker should ensure that they are fair, reasonable, considerate, and commensurate with the service performed and with due regard for the client's ability to pay.

3. THE SOCIAL WORKER'S ETHICAL RESPONSIBILITY TO COLLEAGUES:

- j. Respect, Fairness, and Courtesy. The social worker should treat colleagues courtesy, fairness, and good faith.
- k. Dealing with Colleague's Clients. The social worker has the responsibility to relate to the clients of colleagues with full professional consideration.

4. THE SOCIAL WORKER'S ETHICAL RESPONSIBILITY TO THE SOCIAL WORK PROFESSION:

- m. Maintaining Integrity of the Profession. The social worker should uphold and advance the values, ethics, knowledge, and mission of the profession.

- n. Community Service. The social worker should assist the profession in making social services available to the general public.
- o. Development of Knowledge. The social worker should take responsibility for identifying, developing, and fully utilizing knowledge For professional practice.

5. THE SOCIAL WORKER'S ETHICAL RESPONSIBILITY TO SOCIETY:

- p. Promoting the General Welfare. The social worker should promote the general welfare of society.